## IO17-685-001

FedEx: 8569 0228 2269



Manufacturing Plant 110 Hopkins Drive Randolph, WI 53956-1316 920 / 326-5141 920 / 326-5135 www.hacco.com Registration Office 110 Hopkins Drive Randolph, WI 53956-1316 920 / 326-5141 920 / 326-5135 www.hacco.com

15 August 2006

Document Processing Desk – 6(a)(2)
Office of Pesticide Programs
Document Processing Room S-4900
One Potomac Yard
2777 South Crystal Drive
Arlington, VA 22202

RE: Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident

Gentlemen / Ladies

In accordance with FIFRA 6(a)(2) and 40 CFR Part 159.184, we are hereby submitting a Voluntary 6(a)(2) Incident Report for an adverse incident reported to us on 21 July 2006.

Enclosed please find the following item:

1. Voluntary Industry Reporting Form 6(a)(2) Adverse Effects Incident Information (Internal ID: 1-14081774)

If you should have any questions regarding this matter, please do not hesitate to contact me.

Sincerely, HACCO, Inc.

Jennifer J. Seifert Manager, Regulatory Affairs

Enclosure

Cc: Tamra Angle

Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

Provide all known,	required information. If requ	ired data field in	nformation is unkn	own, designate as	such in a	ppropriate area. Pag	ge # 1 of 3
Row 1	Reporter name:		Submission	Contact person	erson (if different than reporter) Internal ID		Internal ID 1-14081774
Administrative Data	Kevin Flint		date:				1~14081//4
	Address:			Address:			
	Medic with Reno F. D. Reno Nevada						
	Phone #: (775) 677-4990			Phone #;			
	Incident Status:	Location and Reno Nevada 7/21/2006	date of incident	Date registrant became aware of incident: 7/21/2006		Was incident part of larger study?	
		//21/2000		7/21/2000			
Row 2	EPA Registration # (Pro	duct 1)	EPA Registration	on # (Product 2)	EPA Registration # (Product 3)		
Pesticide(s) Involved	61282-50						
	A.I. (s)		A.J. (s)			A.I. (s)	
	Zinc Phosphide						
	Product 1 Name		Product 2 Name			Product 3 Name	
	Prozap Mole & Gopher Pelleted Bait						
	Exposed to concentrate prior to dilution? NA		Exposed to concentrate prior to dilution?			Exposed to concentrate prior to dilution?	
	Formulation		Formulation			Formulation	
Row 3	Evidence label		: (examples incl			on: (act of using pro	
To the	directions were not		, industrial, nurse	rf, reent r, agricultural repai		imples include mixing/loading, atry, application, transportation, air/ maintenance of application apment, manufacturing/ formulating)	
Incident Circumstances	followed? No Intentional misuse? No	building/offi	r, commercial turice, forest/ woods b) right-of-way (r				
	Applicator certified PCO? Not applicable  Own Reside		nce		See Description Notes		
	How exposed: (examples include direct contact with treated surface, ingestion, spill, drift, runoff)  See Incident						•
	Description	1			ł	••	.•

7/21/2006 12:23:56 PM Caller is medic with Reno FD. Responding to individual who had a single seizure about 1/2 hour ago. Pt. is alert and oriented at this time, no report of any additional symptoms. Pt. reports that he spread the product by hand this morning. Wonders about product involvement with condition.

Pt. has no seizure hx, no significant PMH
Caller requests that we do f/u with pt. at home phone

Ax: A seizure in an exposure of this nature would not be expected, esp. in absence of significant ingestion of the product and no addition symptoms present, ie. severe GI symptoms distress. Dermal contact unlikely to cause systemic toxicity. Pt. should have work-up to determine cause of seizure. cb prn if further asst. required case # provided emailed LT

7/21/2006 1:35:10 PM reviewed

7/22/2006 7:18:09 PM PROSAR CB#1: Called the residence. Left VM with case & Tele #.

7/23/2006 2:21:34 PM PROSAR CB#2: Called the residence. Left VM with case & Tele #.

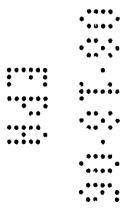
7/24/2006 6:19:46 PM (patient) calling back to update the case.

## Hx:

Caller calling back to say that the seizure was a one time event and has not had any problems since the first seizure. Was released the next day.

Case closed, callback complete.

\*Personal privacy information\*



Voluntary Industry Reporting Form for 6(a)(2) Incident Information Involving Humans

Provide all known, required informa	tion. If required data field information	n is unknown, designate as such in ap	ppropriate area. Page # 3 of 3
Demographic information Age: 27 Years Sex: Male Occupation: (if relevant)	Exposure route:  Dermal	Was adverse effect result of suicide/homicide or attempted	Was protective clothing worn (specify)?
Occupation, (if relevant)		suicide/homicide?	Not applicable
If female, pregnant?	Was exposure occupational?	Time between exposure and	
Did not query	No	onset of symptoms:	
	If yes, days lost due to illness:	See Symptoms	
Type of medical care sought: (examples include none, clinic, hospital emergency department, private physician,	List signs/symptoms/adverse effor		If lab tests were performed, list test names and results (If available, submit reports).
PCC, hospital inpatient).  On-site			None Reported
Exposure data: Amount of pesticide:			
Exposure duration:			
Weight: UNK			
Hamon gavanity ontogony			
Human severity category:  HC			
This box can be used to provide any	explanatory or qualifying information	surrounding the incident. (add addit	tional pages if necessary)
			••••
			••••
		3	****
		,	Internal ID #
		•	1-14081774
		1	•